COMMAND SPEECH ACTS ON HEALTH SERVICES:
A SOCIOPRAGMATICS STUDY

Tri Pujati 1)
1 Islamic Faculty, University of Trunojoyo Madura
Email: Tri.pujati@trunojoyo.ac.id

Abstract: This research was conducted as an effort to see the form of directive speech on command speech acts based on a gender perspective carried out by students at the College of Health Sciences when providing health services. This research using a sociopragmatic approach was carried out at the College of Health Sciences in South Tangerang. This research with a qualitative descriptive design is expected to be able to provide an overview of students' use of directive speech acts of command speech acts based on a gender perspective. This research used an instrument by filling in a Discourse Completion Test (DCT) which was given to 60 students with a proportional distribution, 30 men and 30 women. The results of the research show that there are different forms of directive speech in commanding speech for male and female speakers when providing services to the general public who come from different social classes, educational backgrounds, health insurance, and gender. The differences in the use of directive speech of command speech acts when providing health services are done as an effort to establish communication with interlocutors who come from different backgrounds. The results of this research conclude that students have good abilities in speaking directive speech when communicating with interlocutors who have different social variables.

Keywords: directive speech; sociopragmatics; gender; command speech acts, health services

A. Introduction

Each individual comes from a different linguistic and cultural background so they are often faced with language miscommunication. This can happen because there are differences in pragmatic
principles and rules from one culture to another. A language cannot be separated from its culture. There are some aspects of every language that are culture-bound and require sufficient knowledge of the language to uncover them. Each language has its own cultural environment, global, and local changes in society that cause changes in the use of linguistic politeness as well.

Social context always appears in language activities in health services. This is because the speech community in this environment comes from different backgrounds so that the use of language in the context of health services will of course vary. Context is a very important aspect in determining speech. The failure to describe context has the potential to be a cause of misunderstanding. In health services, speakers are required to be able to communicate effectively and efficiently so that the quality of health services can be met. Good communication between doctors and patients has been recognized as the basis for managing emotional illness. The success of medical diagnostics largely depends on the way doctors respond to patients with their communications.

Based on an examination of previous research, it appears that it is very important to use language communication effectively in health services. Language communication between medical staff and patients who have different cultural backgrounds often causes miscommunication in health services so that speakers must choose the right language, be polite, communicative, and have the right strategy when speaking. This research attempts to look at language politeness within the scope of health services using a sociopragmatic approach. Sociopragmatics is a study that studies how do the principles of beneficence apply to different cultures, societies, social situations, and social classes.

This research focuses on the politeness use of commanding directive speech acts in Indonesian by medical students when giving directive speech to patients. Saleh and Baharman’s research is the first step in determining directive speech acts as the focus of the study. The results of the research show that the politeness of directive speech acts has great potential in representing linguistic politeness because in these utterances there is an emphasis on a meaning that is intended to do something to the speaker. Directive speech acts are intended by the speaker to create influence so that the speaker takes the desired actions.

Research on the study of doctor-patient interaction discourse shows that the dominance of verbal exchange by doctors is obtaining and confirming information and providing direction to patients. From this research, it can be seen that there is a dominance in the use of directive speech acts by doctors compared to other speech acts. It is very important to use polite speech when providing services in hospitals or health centers. Therefore, this research uses health students as the object of study. The urgency of research with health students as the object of study is because the health profession requires its employees to be able to communicate effectively, efficiently, friendly, and politely with patients and visitors.

5 AK Ayeloja & TO Alabi, Politeness and Discourse Functions in Doctor-Patient Verbal Interactions at the University College Hospital, Ibadan, Nigeria, 6(12), 2018.
Studies on directive speech have been widely researched before. A research on directive verb focusing on its use in the Jakarta area. A local culture on directive speech. A study of directives on Iranian students. A study of politeness on presentations. The use of directive speech with local languages. A directive speech in Malay. The use of directive vowels in Slovak. Quantitative approaches in studying directives and also by. A directive in community service advertising. The use of the directive in health student discussions by. This study will focus on the use of command speech acts based on gender perspectives in health services.

B. Method

This research uses a qualitative descriptive approach. The research was conducted at the College of Health Sciences in South Tangerang. The sample used in the research was 60 students who were chosen randomly. The sample proportions were 30 male and 30 female students. The research instrument used was an instrument created by researchers using the Discourse Completion Test (DCT) which was given to students. In completing the discourse completion test, there are 3 sections that must be filled in during the discourse completion test given. Part A in the DCT contains the identity of the respondent and the respondent must fill in personal data according to actual conditions. Part B is instructions for completing the test to complete the discourse. In this section the researcher provides instructions on how to complete the discourse completion test. Part C contains questions about whether the respondent filled out this questionnaire as honestly as possible and the respondent can answer (yes) or (no). If the respondent chooses (yes) then the data will be processed as research data and if they fill in (no) then the researcher will not process the results as research data.

In designing a test to complete discourse, researchers choose several parameters that are used as conditions for the social situation contained in the discourse so that speakers from different cultural backgrounds can provide speech in accordance with actual conditions when talking to speakers with social variations, different ones. The parameters used as social variables were obtained from the results of previous research on social variables that can differentiate the speech of medical personnel in providing services to patients. Gender parameters are used to gather information from

speakers related to the delivery of medical personnel's speech to male or female patients. The data analysis technique is carried out by carrying out a brief analysis of research findings and connecting them with language politeness theory.

C. Finding and Discussion

The general research findings which are the answer to the first problem formulation regarding the form of directive speech acts found in this research can be seen in Table 1 below.

**Table 1. Indonesian Directive Speech Acts in Health Services**

<table>
<thead>
<tr>
<th>Forms of Directive Speech Acts</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commands normal</td>
<td>3652</td>
<td>60.87%</td>
</tr>
<tr>
<td>Command requests</td>
<td>711</td>
<td>11.85%</td>
</tr>
<tr>
<td>Rules solicitation</td>
<td>214</td>
<td>3.57%</td>
</tr>
<tr>
<td>Commands orders</td>
<td>1284</td>
<td>21.40%</td>
</tr>
<tr>
<td>Rules insistence</td>
<td>139</td>
<td>2.32%</td>
</tr>
</tbody>
</table>

Table 1 above is a description of general research findings regarding the form of commanding directive speech. In health services, there are speech communities who come from different cultural and linguistic backgrounds, so speakers must use communicative language and use Indonesian that can be understood by speakers. In the general findings for the first problem formulation, it was found that the form of directive speech acts commands consisted of commanding regular orders amounting to 3652 data or 60.87%, commanding requests amounting to 711 data or 11.85%, commanding invitations amounting to 214 data or 3.57%, commands 1284 data or 21.40%, orders 139 data or 2.32%. In general, it can be concluded that regular commands are the commands that are most often used by speakers when talking to speakers. Commanding is usually characterized by the use of commanding verbs which indicate an order to the speaker to carry out certain activities. The results of this research show that in health services, speakers try to convey directive speech so that it can be understood well by the speaker. The choice of ordinary commanding directive speech acts in health services is in accordance with its function, namely to order the speaker to do something according to the speaker's wishes. In health services, medical personnel strive to convey orders that are easily understood by speakers so that the communicative function of language can take place well. This is very important to remember that choosing the wrong command diction will result in something fatal for the patient.

**Forms of Ordinary Commanding Directive Speech Acts in Male Speakers**

In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The commanding directive speech act commonly used by male speakers is often used by speakers when talking to male speakers with BPJS, educational attainment <$S1, and mature age. The results of the research show that this usual commanding speech is used by speakers with a percentage of 5.50%. Not only that, the same percentage of speech is also used by male speakers when talking to self-paying speakers with an educational background <$S1 and children's age. It is very clear that socially and culturally, when speakers talk to adult speakers and children, the choice of commanding speech used is...
ordinary commanding speech. This is used by speakers when giving orders to patients which is intended to make it easier for the patient to understand the orders of medical personnel.

The use of this form of ordinary commanding directive speech act has a frequency that is not too different when male speakers talk to female speakers. Male speakers used regular commanding directive speech acts as much as 5.56% when talking to female speakers who were self-paying, had an education level of <S1, and were children. In general, it can be concluded that the use of commanding directive speech acts is usually used more by male speakers when talking to speakers aged children and adults and with educational backgrounds <S1. This shows that the use of ordinary commanding speech is more suitable when used to command speakers who are children and adults and have an educational background <S1.

These results can be interpreted to mean that when providing health services to patients with social variables, it can be seen that the choice of ordinary commanding speech is widely used because speakers are faced with speakers who have social variables such as children, so medical personnel use the appropriate choice of commanding diction, with a culture or language that is easily understood by children and adults and with an educational background <S1 so that it is more familiar and easy for speakers to understand. The following is an example of data that shows the form of a typical commanding directive speech act:

**Data 121**

|----------------|--------------------------------|-----------------|---------------------|------------|--------------|
| 1              | Minggu depan kontrol lagi yah, Dek! | Exclamation mark (!) | The atmosphere in the hospital | The speaker orders the speaker to control | a. Speaker: Health student, Age: 20 years, Gender: Male, Ethnicity: Batak  
  b. Speaker: Child patient, 10 years old, gender: female, patient type: BPJS patient, educational background: <S1 |

In data (121) above, it can be seen that male speakers use normal commanding directive speech when talking to female speakers aged 10 years with BPJS health insurance and educational background <S1. The speech delivered by a male speaker from the Batak tribe is spoken using the usual commanding form which can be seen in the following speech, *Minggu depan kontrol lagi yah, Dek! next week check again, OK!* In the speech above, the context of the situation given is that the speaker orders the speaker to control next week. The speakers are older than the speakers.

In this speech, it can be seen that command is usually shown by the use of the basic verb, (control). This ordinary commanding speech is spoken subtly using the greeting word (Dek). Not only that, there is the use of the word “yah” which seems to invite the speaker to participate in the speech to make the speech polite. In the speech delivered by the speaker, it can be seen that the speaker uses the word "yah" which is one of the characteristics of Indonesian culture when speaking. This is conveyed in speech so that the speaker, who is a child patient, will feel comfortable and follow the instructions given by the speaker.

**Manifestation of Directive Speech Acts Commanding Requests from Male Speakers**
In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The directive speech act of commanding requests to male speakers is often used by speakers when talking to male speakers who have BPJS, have an educational background of ≥S1, and are elderly. The results of the research show that the speech commanding requests is used by speakers with a percentage of 6.86%. The use of directive speech acts to command requests has a different frequency when male speakers talk to female speakers. Male speakers use directive speech acts to command requests as much as 7.12% when talking to female speakers who have BPJS, have an educational background of ≥S1, and are elderly. In general, it can be concluded that the use of directive speech acts of commanding requests is more frequently used by male speakers when talking to speakers who are elderly and have an educational background of ≥S1. This shows that the use of speech commanding requests is more polite when used to command speakers who are elderly and have an educational background of ≥S1. These results can be interpreted to mean that when providing health services to patients with social variables, it can be seen that the choice of commanding speech is often used because speakers are faced with speakers who have social variables such as the elderly and educational background ≥S1 so that medical personnel use the appropriate choice of commanding diction. with culture or language that is easy to understand and more polite in speaking. The directive speech act of commanding a request is characterized by a request sentence with a subtle command level. In this research, several patterns were found that show the form of directive speech acts of commanding requests, namely the use of the words (tolong, mohon, permisi) or please, beg, excuse me as markers of linguistic politeness in directive speech acts of requests. This research proves that the choice of using to command this request is widely used when speakers are faced with speakers who are older or older than the speaker. This is in accordance with the use of language in health service practice. In the use of directive speech, commands must understand the politeness of the speaker's language so that the speaker can understand the meaning of what the medical personnel is ordering.

**Data 901**

<table>
<thead>
<tr>
<th>No. Respondent</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forms of Directive Speech Acts</td>
<td>: Adek, tolong berbaring di tempat tidur dulu yah! Little brother, please lie down on the bed first!</td>
</tr>
<tr>
<td>Lingual Markers</td>
<td>: Exclamation mark (!)</td>
</tr>
<tr>
<td>Non Lingual Markers</td>
<td>: The atmosphere in the hospital</td>
</tr>
<tr>
<td>Meaning of</td>
<td>: The speaker orders the speaker to lie down</td>
</tr>
</tbody>
</table>
| Social status | : a. Speaker: Health student, Age: 20 years, Gender: Male, Ethnicity: Batak  
| | b. Speaker: Child patient, Age: 10 years, Gender: Female, Patient type: BPJS patient, Educational background: <S1 |

In the data (901) above, it can be seen that male speakers use directive speech to command requests when talking to female speakers aged 10 years with BPJS health insurance and educational background <S1. The speech delivered by the male speaker from the Batak tribe is spoken using the form of commanding a request which can be seen in the following speech, (Adek, tolong berbaring di tempat tidur dulu yah! Adek, please lie down on the bed first! In the speech above, the context of the situation given is that the speaker orders the speaker to lie down on the bed. The speakers are older than the speakers.)
In this speech, it can be seen that orders requests indicated by the use of the word please. The refinement of speech can be seen in the form of greeting used, (adek). In this speech, it can be seen that the speaker wants to order the speaker by gently asking the speaker to lie down on the bed. Not only that, there is the use of the word “yah” which seems to invite the speaker to participate in the speech to make the speech polite. In the speech delivered by the speaker, it can be seen that the speaker uses the word “yah” which is one of the characteristics of Indonesian culture when speaking. This is conveyed in speech so that the speaker, who is a child patient, will feel comfortable and follow the instructions given by the speaker.

**Forms of Directive Speech Acts Ordering Invitations to Male Speakers**

In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The directive speech act of commanding invitations to male speakers is often used by speakers when talking to male speakers with BPJS, educational attainment <S1, and children’s age. The research results show that this commanding speech of invitation is used by speakers with a percentage of 7.69%. The use of the directive speech act form of commanding this invitation has a different frequency when male speakers talk to female speakers. Male speakers use directive speech acts of commanding invitations as much as 8.79% when talking to female speakers who are BPJS payers, have an educational background of <S1, and are of mature age. Not only that, the same percentage is also used by female speakers when talking to self-paying female speakers with <S1 education, aged children and adults. In general, it can be concluded that the use of directive speech acts of commanding invitations is more frequently used by male speakers when talking to speakers aged children and adults and with educational backgrounds <S1.

The results of this data processing can be interpreted to mean that when providing health services to patients with social variables, it can be seen that the choice of speech commanding this invitation is widely used because speakers are dealing with speakers who have social variables such as children and adults and educational backgrounds <S1 so that medical personnel use a choice of commanding diction that is appropriate to the culture or language that is easy to understand and more polite in your speech. The following is an example of data that shows the form of a directive speech act of commanding an invitation:

**Data 5902**

<table>
<thead>
<tr>
<th>No. Respondent</th>
<th>30</th>
</tr>
</thead>
</table>

**Forms of Directive Speech Acts**

| Dek, ayo berbaring di tempat tidur, tapi sebelumnya lepas dulu sandalnya! |
| Come on, come on, lie down on the bed, but first take off your sandals! |

**Lingual Markers**

- Exclamation mark (!)

**Non Lingual Markers**

- The atmosphere in the hospital

**Meaning of**

- The speaker orders the speaker to lie down

**Social status**

- a. Speaker: Health student, Age: 20 years, Gender: Male, Ethnicity: Sundanese
- b. Speaker: Child patient, Age: 10 Years, Gender: Female, Patient Type: Independent Patient, Educational Background: <S1
In the data (5902) above, it can be seen that male speakers use directive speech commanding invitations when talking to female speakers aged 10 years with independent health insurance and educational background <S1. The speech delivered by the male speaker from the Sundanese tribe is spoken using the form of commanding invitation which can be seen in the following speech, (Dek, ayo berbaring di tempat tidur, tapi sebelumnya lepas dulu sandalnya! Hey, come on, let's lie down on the bed, but first take off your sandals!). In the speech above, the context of the situation given is that the speaker orders the speaker to lie down. The speakers are older than the speakers. In this speech, it can be seen that commands an invitation indicated by the use of the word *(ayo)*. Not only that, speech is refined by using greeting words (Dek). In the speech delivered by the speaker, it can be seen that the speaker uses the word “*ayo*” which is one of the characteristics of Indonesian culture when inviting someone to do something. This is conveyed in speech so that the speaker, who is a child patient, will feel comfortable and follow the instructions given by the speaker.

**The form of a directive speech act is giving orders to male speakers**

In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The directive speech act of giving orders to male speakers is often used by speakers when talking to male speakers who have BPJS, have less than a bachelor's degree education, and are elderly. The research results show that command speech is used by speakers with a percentage of 5.54%. Not only that, the same percentage of speech is also used by male speakers when talking to self-paying speakers with an education level of ≥S1 and mature age. The use of the directive speech act form of commanding orders has a different frequency when male speakers speak to female speakers. Male speakers use directive speech acts of commanding orders as much as 5.28% when talking to female speakers who are BPJS payers, have an educational background of ≥S1, and are elderly. In general, it can be concluded that the use of directive speech acts of commanding orders is more frequently used by male speakers when talking to elderly speakers.

The results of this data processing can be interpreted to mean that when providing health services to patients with social variables, it can be seen that the choice of ordering command speech is widely used because speakers are faced with speakers who have social variables such as the elderly and educational background ≥S1 so that medical personnel use the choice of commanding diction. in accordance with the culture or language that is easy to understand and more polite in speech. The following is an example of data that shows the form of a directive speech act of commanding orders.

**Data 144**

<table>
<thead>
<tr>
<th>No. Respondent</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forms of Directive Speech Acts</td>
<td><em>Kaka silakan cek tekanan darah dulu yah!</em> <em>Kaka, please check your blood pressure first!</em></td>
</tr>
<tr>
<td>Lingual Markers</td>
<td>Exclamation mark (!)</td>
</tr>
<tr>
<td>Non Lingual Markers</td>
<td>The atmosphere in the hospital</td>
</tr>
<tr>
<td>Meaning of</td>
<td>The speaker orders the speaker to check his blood pressure</td>
</tr>
<tr>
<td>Social status</td>
<td>a. Speaker: Health student, Age: 20 years, Gender: Male, Ethnicity: Batak</td>
</tr>
</tbody>
</table>
In the data (144) above, it can be seen that male speakers use directive speech commanding orders when talking to female speakers aged 15 years with independent health insurance and educational background <S1. The speech delivered by the male speaker from the Batak tribe is spoken using the form of command which can be seen in the following speech, *Kaka silakan cek tekanan darah dulu yab!*, *Kaka, please check your blood pressure first!* . In the speech above, the context of the situation given is that the speaker orders the speaker to check his blood pressure. The speakers are older than the speakers.

In this speech, it can be seen that commands are indicated by the use of the word (please) which functions to order the speaker to check his blood pressure. Not only that, speech is refined by using greeting words (kaka). Not only that, there is the use of the word “yab” which seems to invite the speaker to participate in the speech to make the speech polite. In the speech delivered by the speaker, it can be seen that the speaker uses the word “yab” which is one of the characteristics of Indonesian culture when speaking. This is conveyed in speech so that the speaker, who is an adult patient, feels comfortable and follows the instructions given by the speaker.

**Manifestation of Directive Speech Acts Commanding Pressure on Male Speakers**

In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The directive speech act of commanding pressure on male speakers is widely used by speakers when talking to self-paid male speakers with an education level of ≥S1, and of advanced age. The results of the research show that this speech commanding pressure is used by speakers with a percentage of 8.62%. The use of directive speech acts means that this pressure has a different frequency when male speakers talk to female speakers. Male speakers use directive speech acts of commanding pressure as much as 7.76% when talking to female speakers who are independent payers, have an educational background of ≥S1, and are elderly. In general, it can be concluded that the use of directive speech acts commanding pressure is more frequently used by male speakers when talking to elderly speakers.

The results of this data processing can be interpreted to mean that when providing health services to patients with social variables, it can be seen that the choice of commanding speech is widely used because speakers are faced with speakers who have social variables such as the elderly and educational backgrounds ≥S1 so that medical personnel use the choice of commanding diction. in accordance with the culture or language that is easy to understand and more polite in speech.

The following is an example of data that shows the form of directive speech acts commanding pressure:

<table>
<thead>
<tr>
<th>No. Respondent</th>
<th>12</th>
</tr>
</thead>
</table>
Forms of Directive Speech Acts

| Forms of Directive Speech Acts | : Diharapkan kembali yah pak minggu depan!
| : I hope to be back next week! |
| Lingual Markers | : Exclamation mark (!) |
| Non Lingual Markers | : a. The atmosphere in the hospital |
| Meaning of | : The speaker orders the speaker to control |
| Social status | : a. Speaker: Health student, Age: 20 years, Gender: Male, Ethnicity: Betawi
b. Speaker: Elderly patient, age: 46 years, gender: male, patient type: BPJS patient, educational background: <S1 |

In the data (2236) above, it can be seen that male speakers use directive speech commanding pressure when talking to elderly male speakers with independent health insurance and educational background <S1. The speech delivered by the male speaker from the Betawi tribe is spoken using the form of commanding pressure which can be seen in the following speech, “Diharapkan kembali yah pak minggu depan! Hopefully you’ll be back next week, sir!”. In the speech above, the context of the situation given is that the speaker orders the speaker to control next week. The speakers are younger than the speakers. In this speech, it can be seen that commands pressure, shown by the use of the word (please) which functions to command the speaker by urging hearer to return to control next week. Not only that, speech is refined by using greeting words (Pak). Not only that, there is the use of the word “yah” which seems to invite the speaker to participate in the speech to make the speech polite. In the speech delivered by the speaker, it can be seen that the speaker uses the word “yah” which is one of the characteristics of Indonesian culture when speaking. This is conveyed in speech so that the speaker, who is an elderly patient, will feel comfortable and follow the instructions conveyed by the speaker.

Forms of Commanding Directive Speech Acts in Female Speakers

This subchapter is related to the form of directive speech acts of commanding female speakers when talking to speakers based on gender, health insurance, educational background and age. The form of commanding directive speech acts in female speakers found in this research can be seen specifically in the following table.

| Forms of Ordinary Directive Speech Acts on Female Speakers |
| In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The commanding directive speech act commonly used by female speakers is often used by speakers when talking to self-employed male speakers with education <S1, and children’s age. The research results show that this ordinary commanding speech is used by speakers with a percentage of 5.36 %. The use of this form of ordinary commanding directive speech act has a different frequency when female speakers talk to female speakers. Female speakers use regular commanding directive speech acts as much as 7.52 % when talking to female speakers who are independent payers, have an educational background of ≥S1, and are of mature age. In general, it can be concluded that the use of commanding directive speech acts is usually used more by female speakers when talking to speakers aged children and adults. |
The results of this research found some data that shows the form of regular commanding directive speech acts in female speakers. One of the characteristics that shows the form of regular commanding directive speech acts is the presence of a basic verb in the speech. So the general patterns found in ordinary commanding directive speech acts are the use of the basic verb + kan, the use of a greeting at the end of a sentence, the use of a greeting at the beginning of a sentence, the use of the word "yah" which is in accordance with the culture of Indonesian society so that it looks more familiar to the speaker. This research proves that the choice of using ordinary commanding is often used when speakers are faced with speakers who are younger than the speakers. This is in accordance with the use of language in health service practice in the use of directive command speech effectively and efficiently so that the speaker can understand the meaning of what the medical personnel is commanding. The following is an example of data that shows the form of an ordinary commanding directive speech act.

**Data 21**

<table>
<thead>
<tr>
<th>No. Respondent</th>
<th>: 1</th>
</tr>
</thead>
</table>
| Forms of Directive Speech Acts | : *Minggu depan kontrol lagi yah, Dek!*  
*Check again next week, bro!*
| Lingual Markers | : Exclamation mark (!) |
| Non Lingual Markers | : The atmosphere in the hospital |
| Meaning of | : The speaker orders the speaker to control |
| Social status | : a. Speaker: Health student, Age: 20 years, Gender: Female, Ethnicity: Batak  
b. Speaker: Child patient, Age: 10 years, Gender: Female, Patient type: BPJS patient, Educational background: <S1 |

In data (21) above, it can be seen that female speakers use normal commanding directive speech when talking to female speakers aged 10 years with BPJS health insurance, and educational background <S1. The speech delivered by a female speaker from the Batak tribe is spoken using the usual commanding form which can be seen in the following speech, (*Minggu depan kontrol lagi yah, Dek! next week check again, yah!*). In the speech above, the context of the situation given is that the speaker orders the speaker to control next week. The speakers are older than the speakers. In this speech, it can be seen that command is usually shown by the use of the basic verb, (*kontrol*). Not only that, there is the use of the word "yah" which seems to invite the speaker to participate in the speech to make the speech polite. In the speech delivered by the speaker, it can be seen that the speaker uses the word “yah” which is one of the characteristics of Indonesian culture when speaking. This is conveyed in speech so that the speaker, who is a child patient, will feel comfortable and follow the instructions given by the speaker.

**Manifestation of Directive Speech Acts Commanding Requests for Female Speakers**

The use of directive speech acts of commanding requests is more frequently used by female speakers when talking to elderly speakers. The directive speech act of commanding a request is characterized by a request sentence with a subtle command level. In this research, several patterns were found that show the form of directive speech acts of commanding requests, namely the use of the words *please, beg, excuse me* as markers of linguistic politeness in directive speech acts of requests. This research proves that the choice of using to command this request is widely used when speakers are faced with speakers who are older or older than the speaker. This
is in accordance with the use of language in health service practice. In the use of directive speech, commands must understand the politeness of the speaker's language so that the speaker can understand the meaning of what the medical personnel is ordering. The following is an example of data that shows the form of a directive speech act commanding a request:

**Data 581**

<table>
<thead>
<tr>
<th>No. Respondent</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forms of Directive Speech Acts</td>
<td>Dek, tolong dihabiskan ya antibiotiknya! Dek, please spend the antibiotics!</td>
</tr>
<tr>
<td>Lingual Markers</td>
<td>Exclamation mark (!)</td>
</tr>
<tr>
<td>Non Lingual Markers</td>
<td>The atmosphere in the hospital</td>
</tr>
<tr>
<td>Meaning of Social status</td>
<td>The speaker orders the speaker to finish the antibiotic</td>
</tr>
<tr>
<td>a. Speaker: Health student, Age: 20 years, Gender: Female, Ethnicity: Batak</td>
<td></td>
</tr>
<tr>
<td>b. Speaker: Child patient, Age: 10 years, Gender: Female, Patient type: BPJS patient, Educational background: &lt;S1</td>
<td></td>
</tr>
</tbody>
</table>

In the data (581) above, it can be seen that female speakers use directive speech to command requests when talking to female speakers aged 10 years with BPJS health insurance and educational background <S1. The speech delivered by the female speaker from the Batak tribe is spoken using the form of commanding a request which can be seen in the following speech, “Dek, tolong dihabiskan ya antibiotiknya! Dek, please spend the antibiotics!” In the speech above, the context of the situation given is that the speaker orders the speaker to finish the antibiotic. The speaker is older than the speaker. In this speech, it can be seen that the commands a request indicated by the use of the word please. The refinement of speech can be seen in the form of greeting used, (dek). Not only that, there is the use of the word “ya” which seems to invite the speaker to participate in the speech to make the speech polite. In the speech delivered by the speaker, it can be seen that the speaker uses the word “ya” which is one of the characteristics of Indonesian culture when speaking. This is conveyed in speech so that the speaker, who is an elderly patient, will feel comfortable and follow the instructions conveyed by the speaker.

**Forms of Directive Speech Acts Ordering Invitations to Female Speakers**

In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The directive speech act of commanding invitations to female speakers is often used by speakers when talking to male speakers who are self-employed, have less than a bachelor's degree in education, and are children. The research results show that this commanding speech of invitation is used by speakers with a percentage of 7.32%. The use of the directive speech act form of commanding this invitation has a different frequency when female speakers talk to female speakers. Female speakers use directive speech acts to command invitations as many as 10.57% of women who are independent payers, have an educational background of ≥S1, and are elderly. In general, it can be concluded that the use of directive speech acts of commanding invitations is more frequently used by female speakers when talking to speakers aged children and elderly.

The following is an example of data that shows the form of a directive speech act of commanding an invitation.
### Data 554

<table>
<thead>
<tr>
<th>No. Respondent</th>
<th>:3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forms of Directive Speech Acts</td>
<td>: Dek, mari kita cek tekanan darahnya! Dek, let's check his blood pressure!</td>
</tr>
<tr>
<td>Lingual Markers</td>
<td>: Exclamation mark (!)</td>
</tr>
<tr>
<td>Non Lingual Markers</td>
<td>: The atmosphere in the hospital</td>
</tr>
<tr>
<td>Meaning of</td>
<td>: The speaker orders the speaker to check his blood pressure</td>
</tr>
</tbody>
</table>
| Social status | : a. Speaker: Health student, Age: 20 years, Gender: Female, Ethnicity: Batak  
b. Speaker: Adult patient, Age: 15 years, Gender: Female, Patient type: BPJS patient, Educational background: <S1 |

In the data (554) above, it can be seen that female speakers use directive speech commanding invitations when talking to female speakers aged 15 years with BPJS health insurance and educational background <S1. The speech delivered by the female speaker from the Batak tribe is spoken using the form of commanding an invitation which can be seen in the speech, “Dek, mari kita cek tekanan darahnya! Dek, let's check his blood pressure!” In the speech above, the context of the situation given is that the speaker orders the speaker to check his blood pressure. The speaker is older than the speaker. In this utterance, it can be seen that the commands a request which is indicated by the use of the word (mari). In the use of the directive speech act of commanding the command above, it can be seen that there is a marker of linguistic politeness, namely the word “mari” which is classified as an utterance very polite.

### Forms of Directive Speech Acts of Commanding Orders to Female Speakers

In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The directive speech act of giving orders to female speakers is often used by speakers when talking to self-paid male speakers with an education level of ≥S1, and of mature age. The results of the research show that command speech is used by speakers with a percentage of 6.08%. The use of the directive speech act form of commanding orders has a different frequency when female speakers talk to female speakers. Female speakers use the directive speech act of commanding orders as much as 10.08% when talking to female speakers who are independent payers, have an educational background of ≥S1, and are elderly. In general, it can be concluded that the use of directive speech acts of ordering orders is more frequently used by female speakers when talking to elderly and adult speakers.

The results of this data processing can be interpreted to mean that when providing health services to patients with social variables, it can be seen that the choice of ordering command speech is widely used because speakers are faced with speakers who have social variables such as the elderly and educational background ≥S1 so that medical personnel use the choice of commanding diction. In accordance with the culture or language that is easy to understand and more polite in speech.

The following is an example of data that shows the form of a directive speech act of commanding orders.

### Data 11

| No. Respondent | : 1 |
Forms of Directive Speech Acts

<table>
<thead>
<tr>
<th>Acts</th>
<th>Lingual Markers</th>
<th>Non Lingual Markers</th>
<th>Meaning of</th>
<th>Social status</th>
</tr>
</thead>
<tbody>
<tr>
<td>: <em>Silakan berbaring, Dek!</em></td>
<td>: Exclamation mark (!)</td>
<td>: The atmosphere in the hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In data (11) above, it can be seen that female speakers use directive speech commanding orders when talking to male speakers aged 10 years with independent health insurance and educational background <S1. The speech delivered by a female speaker from the Batak tribe is spoken using the form of command which can be seen in the following speech, “*Silakan berbaring, Dek! Please lie down, bro!*”. In the speech above, the context of the situation given is that the speaker orders the speaker to lie down. The speaker is older than the speaker. In this speech, it can be seen that the commands are indicated by the use of the word (silakan) which functions to order the speaker to lie down. Not only that, speech is refined by using greeting words (Dek).

**Manifestation of Directive Speech Acts Ordering Pressure on Female Speakers**

In health services, there are speech communities who come from different cultural backgrounds, so medical personnel must have effective communication skills and be polite to speakers so that errors do not occur when giving orders to patients. The directive speech act of commanding pressure on female speakers is often used by speakers when talking to male speakers with BPJS with an education level of ≥S1, and who are elderly. The results of the research show that this speech commanding pressure is used by speakers with a percentage of 8.70%. Not only that, with the same frequency, commands pressure to be used by male speakers when talking to self-paid male speakers with an education level of ≥S1, and of advanced age. The use of directive speech acts to order this pressure has a different frequency when female speakers talk to female speakers. Female speakers use directive speech acts of commanding pressure as much as 13.04% when talking to female speakers who are independent payers, have an educational background of ≥S1, and are elderly. In general, it can be concluded that the use of directive speech acts commanding pressure is more frequently used by female speakers when talking to elderly speakers.

The following is an example of data that shows the form of a directive speech act of insistence:

**Data 3129**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>: 16</td>
<td>: <em>Ibu, minggu depan diharap untuk kontrol kembali ya!</em></td>
<td>: Exclamation mark (!)</td>
<td>: The atmosphere in the hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>: 16</td>
<td>: <em>Ibu, minggu depan diharap untuk kontrol kembali ya!</em></td>
<td>: Exclamation mark (!)</td>
<td>: The atmosphere in the hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b. Speaker: Elderly patient, age: 46 years, gender: female, patient type: BPJS patient, educational background: <S1

In the data (3129) above, it can be seen that female speakers use directive speech commanding pressure when talking to male speakers aged 46 years with BPJS health insurance and educational background <S1. The speech delivered by the female speaker who comes from the Javanese tribe is spoken using the form of commanding pressure which can be seen in the following speech, (Ibu, minggu depan diharap untuk kontrol kembali ya! Mother, next week I hope to check again, okay ?) . In the speech above, the context of the situation given is that the speaker orders the speaker to control next week. The speaker is younger than the speaker. In this speech, it can be seen that commands pressure, shown by the use of the word (diharap or please) which functions to command the speaker who is trying to urge MT to return control next week. Not only that, speech is refined by using greeting words (mother). Not only that, there is the use of the word “ya” which seems to invite the speaker to participate in the speech to make the speech polite.

Discussion

The results of the research findings show that the form of directive speech acts found is the directive speech act of commanding. The commanding directive speech act in the research is a manifestation of directive speech used by speakers who come from various different cultural backgrounds and they use directive speech in Indonesian when providing health services. The directive speech act of commanding functions to ask the speaker to do something that the speaker wants. This is in line with research findings related to the form of directive speech acts carried out by Qomariyah who found that the teacher categories in Arabic language learning at MAN 1 Jombang included speech acts of requestives asking, requestives praying, requestives inviting, questions asking, probing questions, requirements commanding, requirements direct, prohibitives prohibit, permissives allow, advisories suggest, and advisories encourage.

commands found in this research are directive speech acts ordering ordinary as many as 3652 data or 60.87%, commanding requests as many as 711 data or 11.85%, commanding invitations as many as 214 data or 3.57%, command orders as much as 1284 data or 21.40%, orders as much as 139 data or 2.32%. In the directive speech act of commanding, it can be seen that the speaker uses a form of directive speech act, namely commanding ordinary, commanding a request, commanding an invitation, commanding an order, commanding. This is in line with research conducted by Supriyati & Tarmini.

In uttering a directive speech act or commanding, the speaker chooses a form of directive speech act that is in accordance with the characteristics of the speaker being spoken to. In this study, there are 4 social variables that show the characteristics of the respondents so that speakers can determine appropriate language choices to show their politeness. Social variables used as characteristics of patients are gender, health insurance, educational background, and age. This research specifically examines the manifestation of directive speech acts spoken by male and female respondents when talking to speakers with 4 characteristics which are a reflection of social variables in that society. In general, it can be concluded that male and female speakers use more ordinary

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24 Supriyati & Wini Tarmini, Tindak Tutur Memerintah Pada Dialog Film dan Implikasinya Terhadap Pembelajaran Bahasa Indonesia di SMP. Jurnal Pedagogia. 7(1), 62-77, 2014.

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commanding directive speech acts when commanding speakers. Researchers assess that the use of ordinary commanding directive speech acts is more widely used by speakers because when giving orders to patients it is easier to understand if they use ordinary commanding speech. The results of this research show that in health services, speakers try to convey directive speech so that it can be understood well by the speaker. The choice of ordinary commanding directive speech acts in health services is in accordance with its function, namely to order the speaker to do something according to the speaker's wishes. The characteristic of regular commanding found in this research is the use of basic verbs when commanding the speaker. However, in an effort to refine speech, many respondents used forms of greeting that function as words of respect and also make speech smoother.

In using commanding directive speech, speakers use linguistic politeness markers that are appropriate to the socio-cultural characteristics of speakers and speakers involved in health services. The use of politeness markers such as “maaf, mohon, tolong, mari, ayo or sorry, please, please, come on, come on” and the use of the words “ya” or “yah” which are often used by speakers when giving orders are in accordance with the social culture that exists in Indonesian society which often uses the words to invite someone to do something so that it seems as if the speaker is involved in the speech. This is in line with findings from Cahyaningrum.25 These findings are also in line with research that examines the use of Javanese in directive speech acts in Indonesian language learning for class XI Vocational High School students.26

If we look at the manifestation of the commanding spoken by the speaker, the researcher considers that the form of directive speech act used by the speaker is appropriate and in accordance with the social characteristics of the speaker. This means that the respondent can use this form of directive speech act in accordance with the characteristics of the speaker. For example, when talking to child patients, the speaker uses speech that is adapted to language that is easily understood by children so that children do not feel afraid when seeking treatment. Meanwhile, when talking to adult patients, the speaker uses language that shows familiarity with the speaker because their age is not too far from the speaker. When talking to older patients, the speaker uses speech that shows respect for them so that the elderly also feel respected. This is in line with research conducting studies on the politeness of verbal and non-verbal speech acts among students in the learning process.27

Patients with BPJS and independent patients also receive the same treatment in terms of language manifestations to show politeness in their language. Speakers do not differentiate between the use of greetings or the use of politeness markers in realizing directive speech when giving speech. This can be concluded that the respondents have shown politeness in language without distinguishing between patient types, whether BPJS or independent. This can be a lesson for health students not to differentiate between the use of speech for both BPJS patients and themselves.

For patients who have different educational backgrounds, speakers do not provide different language treatment. It can be concluded that speakers do not differentiate between the use of speech when ordering patients who have different educational backgrounds. It is very important for speakers to understand this because in making speeches towards patients we must act professionally.

and not discriminate against patients just because their educational background is less than Bachelor's degree or no education. This means that speakers need to have a deep understanding of the use of language in the social realm so that speakers feel comfortable when communicating with medical personnel.

The results of this research indicate that there are variations in the use of the function of the directive speech acts that have been studied. There are variations in this speech because the speakers come from different cultural backgrounds and different genders so that the variations in speech produced are also different. Not only that, in this study the situation and social variables provided were very complete so that respondents could provide appropriate speech choices according to the conditions they experienced when giving statements according to the questions given.

D. Conclusion

As an effort to overcome the main problems related to misunderstandings in language, especially in the use of directive speech acts, respondents attempted to overcome these problems by using embodiments of directive speech acts in accordance with the context and culture found in the Indonesian speech community. Respondents really pay attention to language choices so that speakers can understand them, especially when using directive speech. Respondents used language politeness choices according to the Indonesian cultural context by using linguistic politeness markers as well as using greetings according to Indonesian culture. In an effort to maintain communication with speakers in health services that occur in a multicultural society, respondents used several linguistic politeness markers as an effort to maintain the speaker's face.

E. Bibliography


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